PTO/SB/17 (10-08)
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| Under the Pa  | perwork Reduction Act of                      | 1995, no person are requi                       | red to re  | spond to a collectio  |               |                   |              | control number           |
|---|---|---|--|---|---------------|-------------------|--------------|--------------------------|
|   | Effective on 12/08/                           | <b> </b> -                                      | Complete if Known  Application Number 10/542,041-Conf. #8689 |   |               |                   |              |                          |
| Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |   |   |  |   |               | ebruary 28, 2006  |              |                          |
| FEE TRANSMITTAL   |   |   |  |   |               |                   |              |                          |
| For FY 2009   |   |   |  | First Named Inventor Jean-Pierre S<br>Examiner Name J. J. Clark |               |                   | л ювикорі    |                          |
|   |   |   |  |   |               |                   |              |                          |
| Applicant claims small entity status. See 37 CF   |   |   | -  | Art Unit  |               | \$1022.81095US00  |              |                          |
| TOTAL AMOUNT OF PAYMENT (\$) 1,110.00   |   |   | بلب  | Attorney Docket No. \$1022.81095                                |               |                   | 300          |                          |
| METHOD OF   | PAYMENT (check                                | all that apply)                                 |  |   |               |                   |              |                          |
| Check x Credit Card Money Order None Other (please identify):   |   |   |  |   |               |                   |              |                          |
| Deposit Account Deposit Account Number: 23/2825 Deposit Account Numb: Wolf, Greenfield & Sacks, P.C.  |   |   |  |   |               |                   |              |                          |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |   |  |   |               |                   |              |                          |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |   |   |  |   |               |                   |              |                          |
| x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |   |   |  |   |               |                   |              |                          |
| FEE CALCUI  |   |   |  |   |               |                   |              |                          |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |   |   |  |   |               |                   |              |                          |
|   | FI  | LING FEES<br>Small Entity                       | SEA  | RCH FEES<br>Small Entity  | EXAMINA       | Small Entity      |              |                          |
| Application T   |   | Fee (\$)  | ee (\$)  | Fee (\$)  | Fee (S)       | Fee (\$)          | Fees P       | Paid (\$)                |
| Utility   | 330   | 165   | 540  | 270   | 220           | 110               |              |                          |
| Design  | 220   | 110   | 100  | 50  | 140           | 70                |              |                          |
| Plant   | 220   | 110   | 330  | 165   | 170           | 85                |              |                          |
| Reissue   | 330   | 165   | 540  | 270   | 650           | 325               |              |                          |
| Provisional   | 220   | 110   | 0  | 0   | 0             | 0                 |              |                          |
| 2. EXCESS CL  |   |   |  |   |               |                   |              | Small Entity<br>Fee (\$) |
| Fee Description   |   |   |  |   |               |                   |              | 26                       |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)   |   |   |  |   |               |                   | 220          | 110                      |
| Multiple dependent claims   |   |   |  |   |               |                   | 390          | 195                      |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  |   |   |  |   |               |                   |              |                          |
| - or HP = x = Fee (\$) Fee Paid (\$)  |   |   |  |   |               |                   | a            |                          |
|   | nber of total claims paid fo                  |   |  |   |               |                   |              |                          |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)   |   |   |  |   |               |                   |              |                          |
| - or HP = X  HP = highest number of independent claims paid ficr, if greater than 3.  |   |   |  |   |               |                   |              |                          |
| 3. APPLICATIO   |   | paro ion ii groote man e                        |  |   |               |                   |              |                          |
| If the specifica  | ation and drawings e                          | xceed 100 sheets of                             | paper (  | excluding electr  | onically file | d sequence or     | computer     |                          |
| listings und<br>sheets or fr  | der 37 CFR 1.52(e)),<br>action thereof. See 2 | the application size is<br>35 U.S.C. 41(a)(1)(G | fee due<br>) and 3   | is \$270 (\$135 i<br>7 CFR 1.16(s).                             | or small en   | tity) for each ac | iditional 50 | )                        |
| Total Sheet   |   |   |  | ditional 50 or fra  |               |                   | Fee          | Paid (\$)                |
|   | 100 =   | /50 =   |  | (round up to a who  | ole number) > | · ·               | · —          |                          |
| 4. OTHER FEE  |   | 0.6   |  |   |               |                   | Fees         | Paid (\$)                |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00 |   |   |  |   |               |                   |              |                          |
|   | rate tirring strictiange)                     | : IZ33 EXIGISIOITI                              | OI IES   | DOING WILLIAM LI  | ard moriar    |                   |              | 10.00                    |
| SUBMITTED BY  | 17-1 00                                       | 111.11  |  | Registration No.  | 64 100        | Telephone         | 847 846      | 2 9000                   |
| Signeture   | Maila 19                                      | USUAL.  | نل   | (Attorney/Agent)  | 61,189        |                   |              |                          |
| Name (Print/Type)   | Anita M. Bowles,                              | Ph.D.   |  |   |               | Date              | May 13       | , 2009                   |
|   |   |   |  |   |               |                   |              |                          |

| Certifica:<br>I hereby certify that this paper (along with any paper refe<br>system in accordance with § 1.6(a)(4). | te of Electronic Filing Under 37 CFR 1.8<br>irred to as being attached or enclosed) is being transmitted via the Office electronic filing |
|---|---|
| Dated: May 13, 2009   | Signature: Elaire Leaha (Elaire Leahy)  |